

MISSOURI DEPT. OF REVENUE
**EMPLOYER'S RETURN OF
 INCOME TAXES WITHHELD**

FORM
MO-941
(REV. 11-2001)

FILING FREQUENCY

DUE ON OR BEFORE

MO TAX ID
NUMBER

FOR TAX
PERIOD
(CC,YY,MM)

FEIN

BUSINESS NAME

OWNER'S NAME

MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)

I have direct control, supervision, or responsibility for filing this return and payment of the tax due.
Under penalties of perjury, I declare it is a true, accurate, and complete return.

AUTHORIZED SIGNATURE

DATE _____

MAIL REMITTANCE AND RETURN TO: Missouri Department of Revenue, P.O. Box 999, Jefferson City, Missouri 65108-0999.

MO 860-1120 (11-2001) (1895)

2002

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DOR USE ONLY

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